

**SUPPLEMENTAL APPLICATION FORM #1
MISDEMEANOR AND FELONY CONVICTIONS**

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Please Print or Type

NAME: _____

SS #: _____

DATE: _____ POSITION APPLYING FOR: _____

Criminal convictions do not automatically disqualify applicants. A criminal conviction will be considered only in relation to the job for which you are applying. Do not list successfully completed deferred adjudications. EACH OFFENSE MUST BE LISTED IN A SEPARATE BLOCK. Copy this form if you have more than two offenses.

Have you ever been CONVICTED of a misdemeanor? YES ☐ NO ☐ If Yes answer questions 1 – 5 for each conviction.

Have you ever been CONVICTED of a felony offense? YES ☐ NO ☐ If Yes answer questions 1 – 5 for each conviction.

If you answer NO to both questions listed above, sign and date this form then proceed to Supplemental Application Form #2 on reverse side of this form.

Block #

1. When were you charged/ticketed? _____ (month) _____ (year)

2. Where were you ticketed? _____ (City) _____ (State)

3. What were you charged with? _____

4. What was the outcome? ☐ Probation Starting _____ Finishing _____
(month/year) (month/year)

☐ Jail or Prison Sentence: (Complete #5 below) ☐ Fine: \$ _____ (amount)

☐ Other Explain: _____

5. If you were sent to jail or prison:

a. When did you start your sentence? _____ (month) _____ (year)

b. What was the name and location of the jail or prison?

Name: _____ Location: _____

c. When were you released? ☐ Paroled _____ ☐ Sentence Completed _____
(month/year) (month/year)

d. If presently on parole, when will your parole finish? _____ (month/year)

Block #

1. When were you charged/ticketed? _____ (month) _____ (year)

2. Where were you ticketed? _____ (City) _____ (State)

3. What were you charged with? _____

4. What was the outcome? ☐ Probation Starting _____ Finishing _____
(month/year) (month/year)

☐ Jail or Prison Sentence: (Complete #5 below) ☐ Fine: \$ _____ (amount)

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a. When did you start your sentence? _____ (month) _____ (year)

b. What was the name and location of the jail or prison?

Name: _____ Location: _____

c. When were you released? ☐ Paroled _____ ☐ Sentence Completed _____
(month/year) (month/year)

d. If presently on parole, when will your parole finish? _____ (month/year)

Signature: _____

Date: _____

Turn over to complete Supplemental Application Form #2

SUPPLEMENTAL APPLICATION FORM #2 TRAFFIC CITATIONS

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List all traffic citations you have received within the past five (5) years. This includes violations such as DWI, DUID, speeding, hit and run, regardless of the outcome of the case, i.e., regardless of whether the case was dismissed, you paid a fine, you forfeited bail, you went to defensive driving, you were placed in a pretrial diversion program, or placed under court supervision. Write "NONE" if you had none. You do not need to list parking tickets.

PLEASE PRINT:

NAME: _____

***** *EXAMPLE* *****

<u>Offense</u>	<u>Date of Citation</u>	<u>Location</u>	<u>Disposition & Date</u>
1. Speeding	October 2000	El Paso, TX	Paid fine, November 2001
2. DWI	June 2001	Dallas, TX	Dismissed, May 2002

	<u>Offense</u>	<u>Date of Citation</u>	<u>Location</u>	<u>Disposition & Date</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

If you believe you may have received additional citations within the past five (5) years, check "yes" and obtain documentary proof by time of examination. Yes ☐

Signature _____

Date: _____

(USE ADDITIONAL PAGES AS NEEDED)